

TRIAL EXHIBIT 39

From: Pitán, Olorunfemi (femi.pitan)[/O=CHEVRON/OU=AG02/CN=RECIPIENTS/CN=FEMI.PITAN]
Sent: Thur 8/15/2019 9:03:58 AM (UTC)
To: ADEYEYE, VICTOR [DELOG MEDICAL SERVICES][DNOY@chevron.com]
Subject: RE: Snookal, Mark- Medical report

Thanks ever so much!

From: ADEYEYE, VICTOR [DELOG MEDICAL SERVICES] <DNOY@chevron.com>
Sent: Thursday, August 15, 2019 10:03 AM
To: Pitán, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>
Subject: RE: Snookal, Mark- Medical report

Good day, Ma

Thank you ma for your kind words.

We appreciate your leadership style **by example** as depicted in the index case (**Tenet 10**).

Kind regards,
Victor.

From: Pitán, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>
Sent: Thursday, August 15, 2019 9:15 AM
To: ADEYEYE, VICTOR [DELOG MEDICAL SERVICES] <DNOY@chevron.com>; Aiwuyo, Henry [SERVITICO] <henryaiwuyo@chevron.com>; Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>
Cc: NIGEC Staff Physicians (l9esc300) <L9ESC300@chevron.com>
Subject: RE: Snookal, Mark- Medical report

Good day sirs,

Thanks for your very valuable and comprehensive input into this case. Your opinions were communicated to the Physicians in the U.S.
It has been decided that Mark Snookal is not a suitable candidate to work in Escravos. He will be considered for an assignment in Lagos.

Kind regards,
Femi Pitán

Dr O.C. Pitán
OH Physician/ Head, Occupational Health
Nigeria Mid Africa Strategic Business Unit
✉ femi.pitan@Chevron.com

☎ CTN 2772222 ext 61807

☎ International [REDACTED]

NMA HR: Focus, Process Excellence, Expertise

This message may contain confidential information and is intended only for the use of the parties to whom it is addressed. If you are not an intended recipient, you are hereby notified that any disclosure, copying, distribution or use of any information in this message is strictly prohibited. If you have received this message in error, please notify me immediately at the telephone number indicated above

From: ADEYEYE, VICTOR [DELOG MEDICAL SERVICES] <DNOY@chevron.com>

Sent: Monday, August 5, 2019 5:55 PM

To: Aiwuyo, Henry [SERVITICO] <henryaiwuyo@chevron.com>; Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>

Cc: Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>

Subject: RE: Snookal, Mark- Medical report

Sir/Ma,

I agree with Dr Aiwuyo submissions on above employee, especially the precautionary measures highlighted which we need to further reiterate to our client.

I have a little concern about his choice of anti-hypertensives (Losartan and Amlodipine). Guideline-directed management recommends Beta-blockers like Carvedilol, Bisoprolol as part of his blood pressure control meds with a systolic BP target of less than 120mmHg (Thoracic aortic aneurysm and documented runs of premature ventricular complexes).

It will be nice if this is brought to the attention of his physician.

Kind regards,

Victor.

From: Aiwuyo, Henry [SERVITICO] <henryaiwuyo@chevron.com>

Sent: Monday, August 5, 2019 2:26 PM

To: Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>; ADEYEYE, VICTOR [DELOG MEDICAL SERVICES] <DNOY@chevron.com>

Cc: Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>

Subject: RE: Snookal, Mark- Medical report

Good day,

With regards to this expert, 47years old employee with CT and ultrasound evidence of Thoracic aortic aneurysm,

It was documented in the report that he has aortic dilatation of 4.4cm on ECHCARDIOGRAPHY,

however CT aortography which is a more accurate imaging modality revealed a maximum value of 4.2cm max at the aortic root and 4.1cm max at the descending thoracic aorta.

From the Canadian guidelines these values appear low risk for a major adverse CV event. Some have used values of <4.5cm as partition value for low risk situations., link below refers.

<https://www.ucalgary.ca/FTWguidelines/content/aortic-aneurysm>

it is expected that every aneurysm must be subjected to 6months- 1year assessment to ascertain the rate of progression (>1cm is an indication for repair). I feel there should be a concrete plan by his home cardiologist for this

evaluation.

Below are my response to the questions put forward:

1. Complications associated with aneurysms include

- a. Rupture/dissection (sudden and catastrophic) and its attendant sequela
- b. Thromboembolic phenomenon
- c. Pressure symptoms on other vital organs
- d. Sudden death

2. In Escravos unfortunately we are only limited to initial stabilization and transfer of such high risk CV complications if any occurs. In the unlikely event of any of the aforementioned complications, we may not be able to support

such an individual due to our peculiarities.

3. Instructions for the patient

- avoid lifting heavy objects
- quit smoking (if he is a smoker)
- manage hypertension strictly, there is need to aim for lower targets <120mmhg systolic (DOC beta blockers)
- watch out for alarm symptoms like pain in the chest (throbbing, tearing, aching or sharp pain, often sudden), pain in the back, nausea, vomiting, fainting, and systemic shock
- avoid moderate to high intensity exercises as much as possible

I made effort to search the MEP if there are clear cut field guidelines for patient with aortic aneurysm, unfortunately I found none. What is established is that a patient with symptomatic aneurysm should not be allowed to work in an offshore location.

I am still open to further discussions on this sir.

Warm regards.

DR. AIWUYO, HENRY

OH Physician/Cardiologist

EGTL clinic

EXT-77943

B2B dr oyebowale olaniyi

"as to diseases, make a habit of two things- to help, or at least, to do no harm"

hippocrates

From: Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>

Sent: Monday, August 5, 2019 11:43 AM

To: ADEYEYE, VICTOR [DELOG MEDICAL SERVICES] <DNOY@chevron.com>

Cc: Aiwuyo, Henry [SERVITICO] <henryaiwuyo@chevron.com>; Pitan, Olorunfemi (femi.pitan)

<femi.pitan@chevron.com>

Subject: FW: Snookal, Mark- Medical report

Good day,

Below mail trail refers. Kindly help evaluated medical documents and attached Cardiologist report for above named EE who is coming to Escravos from the USA. His job description is- Reliability Engineering Manager.

Kindly review around the following key points:

1. Potential complications and the likelihood of progression
2. Management of these complications even if only initial intervention vis-à-vis available care level in Escravos
3. Possible instructions to communicate to employee as per preventing complications.

Thanks for your usual help.

Warm regards,

Eshiofe Asekomeh

From: Asekomeh, Eshiofe [DELOG]

Sent: Tuesday, July 30, 2019 7:44 PM

To: Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>

Cc: NIGEC Staff Physicians (l9esc300) <L9ESC300@chevron.com>

Subject: Snookal, Mark- Medical report

Good day Ma,

I will like to discuss Mark Snookal (Manager, Reliability Engineering) with you tomorrow. He is on transfer from EI Segundo, USA to Escravos, Nigeria on international assignment.

He has aortic root dilatation and was reviewed by a Cardiologist April this year. The examining Physician in the US had declared him fit with limitation (not to lift weight above 50 pounds)

Attached are the medical reports and the Cardiologist report from April, 2019.

Warm regards,

Eshiofe Asekomeh

Dr. Asekomeh E.G
Chevron Hospital
Warri, Nigeria

From: Asekomeh, Eshiofe [DELOG][O=CHEVRON/OU=AG02/CN=RECIPIENTS/CN=EAEV]
Sent: Wed 8/7/2019 4:25:04 PM (UTC)
To: Pitán, Olorunfemi (femi.pitan)[femi.pitan@chevron.com]
Subject: FW: Snookal, Mark- Medical report

Ma,

Below is response from Dr. Akintunde. I have given her update on the Cardiologist report. I also engaged her on the pulse rate and we agreed on the fact that this could signify either the employee is already on a beta blocker and did not mention it on his form GO-146 or this is the reason why he is not on the beta blocker.

Warm regards,

Eshiofe Asekomeh

From: Akintunde, Ujomoti <UJOM@chevron.com>
Sent: Wednesday, August 07, 2019 5:08 PM
To: Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>
Subject: RE: Snookal, Mark- Medical report

Dear Dr Asekomeh,

I concur with my colleagues. With an aortic root of 4.2cm, he is 'low risk' but not 'no risk'. I would however be more comfortable if he were on a beta-blocker as one of his meds or in addition to current meds. The fact that he does not smoke cigarettes is beneficial. There could be a reason his cardiologist did not put him on a beta-blocker. Could he have a contraindication such as asthma, COPD or allergy? Is there a medical report from his cardiologist? I only see imaging reports.

Kind regards,
Ujomoti Akintunde

From: Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>
Sent: Tuesday, August 6, 2019 12:35 PM
To: Akintunde, Ujomoti <UJOM@chevron.com>
Subject: FW: Snookal, Mark- Medical report

Good day,

Please see mail trail below.

Warm regards,

Eshiofe Asekomeh

From: ADEYEYE, VICTOR [DELOG MEDICAL SERVICES] <DNOY@chevron.com>
Sent: Monday, August 5, 2019 5:55 PM
To: Aiwuyo, Henry [SERVITICO] <henryaiwuyo@chevron.com>; Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>

Cc: Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>

Subject: RE: Snookal, Mark- Medical report

Sir/Ma,

I agree with Dr Aiwuyo submissions on above employee, especially the precautionary measures highlighted which we need to further reiterate to our client.

I have a little concern about his choice of anti-hypertensives (Losartan and Amlodipine). Guideline-directed management recommends Beta-blockers like Carvedilol, Bisoprolol as part of his blood pressure control meds with a systolic BP target of less than 120mmHg (Thoracic aortic aneurysm and documented runs of premature ventricular complexes).

It will be nice if this is brought to the attention of his physician.

Kind regards,

Victor.

From: Aiwuyo, Henry [SERVITICO] <henryaiwuyo@chevron.com>

Sent: Monday, August 5, 2019 2:26 PM

To: Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>; ADEYEYE, VICTOR [DELOG MEDICAL SERVICES] <DNOY@chevron.com>

Cc: Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>

Subject: RE: Snookal, Mark- Medical report

Good day,

With regards to this expert, 47years old employee with CT and ultrasound evidence of Thoracic aortic aneurysm,

It was documented in the report that he has aortic dilatation of 4.4cm on ECHCARDIOGRAPHY,

however CT aortography which is a more accurate imaging modality revealed a maximum value of 4.2cm max at the aortic root and 4.1cm max at the descending thoracic aorta.

From the Canadian guidelines these values appear low risk for a major adverse CV event. Some have used values of <4.5cm as partition value for low risk situations., link below refers.

<https://www.ucalgary.ca/FTWguidelines/content/aortic-aneurysm>

it is expected that every aneurysm must be subjected to 6months- 1year assessment to ascertain the rate of progression (>1cm is an indication for repair). I feel there should be a concrete plan by his home cardiologist for this

evaluation.

Below are my response to the questions put forward:

1. Complications associated with aneurysms include

- a. Rupture/dissection (sudden and catastrophic) and its attendant sequela
- b. Thromboembolic phenomenon

- c. Pressure symptoms on other vital organs
- d. Sudden death

2. In Escravos unfortunately we are only limited to initial stabilization and transfer of such high risk CV complications if any occurs. In the unlikely event of any of the aforementioned complications, we may not be able to support

such an individual due to our peculiarities.

3. Instructions for the patient

- avoid lifting heavy objects
- quit smoking (if he is a smoker)
- manage hypertension strictly, there is need to aim for lower targets <120mmhg systolic (DOC beta blockers)
- watch out for alarm symptoms like pain in the chest (throbbing, tearing, aching or sharp pain, often sudden), pain in the back, nausea, vomiting, fainting, and systemic shock
- avoid moderate to high intensity exercises as much as possible

I made effort to search the MEP if there are clear cut field guidelines for patient with aortic aneurysm, unfortunately I found none. What is established is that a patient with symptomatic aneurysm should not be allowed to work in an offshore location.

I am still open to further discussions on this sir.

Warm regards.

DR. AIWUYO, HENRY

OH Physician/Cardiologist

EGTL clinic

EXT-77943

B2B dr oyebowale olaniyi

"as to diseases, make a habit of two things- to help, or at least, to do no harm"

hippocrates

From: Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>

Sent: Monday, August 5, 2019 11:43 AM

To: ADEYEYE, VICTOR [DELOG MEDICAL SERVICES] <DNOY@chevron.com>

Cc: Aiwuyo, Henry [SERVITICO] <henryaiwuyo@chevron.com>; Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>

Subject: FW: Snookal, Mark- Medical report

Good day,

Below mail trail refers. Kindly help evaluated medical documents and attached Cardiologist report for above named EE who is coming to Escravos from the USA. His job description is- Reliability Engineering Manager.

Kindly review around the following key points:

1. Potential complications and the likelihood of progression
2. Management of these complications even if only initial intervention vis-à-vis available care level in Escravos
3. Possible instructions to communicate to employee as per preventing complications.

Thanks for your usual help.

Warm regards,

Eshiofe Asekomeh

From: Asekomeh, Eshiofe [DELOG]
Sent: Tuesday, July 30, 2019 7:44 PM
To: Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>
Cc: NIGEC Staff Physicians (l9esc300) <l9ESC300@chevron.com>
Subject: Snookal, Mark- Medical report

Good day Ma,

I will like to discuss Mark Snookal (Manager, Reliability Engineering) with you tomorrow. He is on transfer from El Segundo, USA to Escravos, Nigeria on international assignment. He has aortic root dilatation and was reviewed by a Cardiologist April this year. The examining Physician in the US had declared him fit with limitation (not to lift weight above 50 pounds) Attached are the medical reports and the Cardiologist report from April, 2019.

Warm regards,

Eshiofe Asekomeh

Dr. Asekomeh E.G
Chevron Hospital
Warri, Nigeria

From: Asekomeh, Eshiofe [DELOG][O=CHEVRON/OU=AG02/CN=RECIPIENTS/CN=EAEV]
Sent: Tue 8/6/2019 11:34:07 AM (UTC)
To: Akintunde, Ujomoti[UJOM@chevron.com]
Subject: FW: Snookal, Mark- Medical report
Attachment: Snookal Mark cardiologyl report.pdf
Attachment: Snookal Mark medical reports.pdf

Good day,

Please find attached as discussed. I will send a second mail showing Dr(s) Aiwuyo and Adeyeye's comments.

Warm regards,

Eshiofe Asekomeh

From: Asekomeh, Eshiofe [DELOG]
Sent: Monday, August 5, 2019 11:43 AM
To: ADEYEYE, VICTOR [DELOG MEDICAL SERVICES] <DNOY@chevron.com>
Cc: Aiwuyo, Henry [SERVITICO] <henryaiwuyo@chevron.com>; Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>
Subject: FW: Snookal, Mark- Medical report

Good day,

Below mail trail refers. Kindly help evaluated medical documents and attached Cardiologist report for above named EE who is coming to Escravos from the USA. His job description is- Reliability Engineering Manager.

Kindly review around the following key points:

1. Potential complications and the likelihood of progression
2. Management of these complications even if only initial intervention vis-à-vis available care level in Escravos
3. Possible instructions to communicate to employee as per preventing complications.

Thanks for your usual help.

Warm regards,

Eshiofe Asekomeh

From: Asekomeh, Eshiofe [DELOG]
Sent: Tuesday, July 30, 2019 7:44 PM
To: Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>
Cc: NIGEC Staff Physicians (l9esc300) <L9ESC300@chevron.com>
Subject: Snookal, Mark- Medical report

Good day Ma,

I will like to discuss Mark Snookal (Manager, Reliability Engineering) with you tomorrow. He is on transfer from El Segundo, USA to Escravos, Nigeria on international assignment. He has aortic root dilatation and was reviewed by a Cardiologist April this year. The examining Physician in the US had declared him fit with limitation (not to lift weight above 50 pounds) Attached are the medical reports and the Cardiologist report from April, 2019.

Warm regards,

Eshiofe Asekomeh

Dr. Asekomeh E.G
Chevron Hospital
Warri, Nigeria

MANUFACTURING - MVZM

Doc ID: 4913728 Revision # 0 D.O.S: 04-03-2019 Continued...
 Author: 0000 Location:
 Revised by: White, Ghada S Create Date: 07-29-2019 03:56pm
 Type: Progress Note
 Subject: Cardiology Report

KAISER PERMANENTE

RECEIVED

JUL 29 2019

LOS ANGELES MEDICAL
 CNTR L
 4867 W. SUNSET BLVD.
 LOS ANGELES CA 90027-
 5969

Snookal, Mark J
 MRN: [REDACTED] DOB: [REDACTED] Sex: M
 Visit date: 4/3/2019

Order Providers

Authorizing Khan, Shahid Hameed (M.D.)	Encounter Khan, Shahid Hameed (M.D.)	Billing Khan, Shahid Hameed (M.D.)
---	---	---------------------------------------

Order Information

Date 4/3/2019	Department CARDIOLOGY	Ordering/Authorizing Khan, Shahid Hameed (M.D.), M.D.
------------------	--------------------------	--

Associated Diagnoses

AORTIC ANEURYSM
 AORTIC VALVE REGURGITATION

Result Information

Status: Final result (Collected: 4/10/2019 08:57)	Provider Status: Reviewed
--	---------------------------

Result Notes for CTA CARDIAC W CONTRAST, WO QUANTITATIVE CALCIUM

Notes recorded by Khan, Shahid Hameed (M.D.), M.D. on 4/11/2019 at 11:35 AM PDT
 Call Center Nurses: Please let patient know that his Aorta looks stable on his recent CT scan. No change in aortic size.

CTA Aorta 4/10/2019:
 Aortic root is stable at 4.2 cm. Maximal size of ascending thoracic
 aorta is 4.1 cm. Compared to 5/16/17 there has been no significant Change

Electronically signed by,

S. KHAN MD
 Attending Cardiologist, Division of Cardiology, SCPMG
 Clinical Associate Professor, UCLA School of Medicine
 Ph: 323-783-4585
 4/11/2019
 11:35 AM

4/10/2019 10:28 AM - Interface, Scal Radiology

Narrative

CT1/4 46" PREFER MON/WED PROTOCOL: GATED AORTA.

Lab and Collection

CTA CARDIAC W CONTRAST, WO QUANTITATIVE CALCIUM - 4/3/2019

Result History

CTA CARDIAC W CONTRAST, WO QUANTITATIVE CALCIUM on 4/10/2019

Transcription

Type Diagnostic imaging	ID 86769685	Date and Time 4/10/2019 10:28 AM	Dictating Provider Hsu, Joe Yo (M.D.), M.D.
Signed by Hsu, Joe Yo (M.D.), MEDICAL DOCTOR on 04/10/19 at 1028			

CARDIAC CTA: 4/10/19

Kaiser Permanente

Page 1

CAI - MVZM
 GUID - [REDACTED]
 US - MVZM
 MANUFACTURING - MVZM

Name: Snookai, Mark Sex: M
 ID # 4503
 DOB: [REDACTED] Age: 47

Doc ID: 4913728 Revision # 0 D.O.S: 04-03-2019

...Continued...

Author: 0000

Location:

Revised by: White, Ghada S Create Date: 07-29-2019 03:56pm

Type: Progress Note

Subject: Cardiology Report

KAISER PERMANENTE

LOS ANGELES MEDICAL
 CNTRL
 4867 W. SUNSET BLVD.
 LOS ANGELES CA 90027-
 5969

Snookai, Mark J

MRN: [REDACTED] DOB: [REDACTED] Sex: M

Visit date: 4/3/2019

HISTORY: 46-year-old male with aortic regurgitation and aortic root enlargement.

TECHNIQUE: Cardiac CTA is performed following administration of 130 ml of IV contrast material.

As required by California law, the CTDIvol and DLP radiation doses associated with this CT study are listed below. This represents the estimated dose to a standard lucite phantom resulting from the technique used for this study, but is not the dose to this specific patient.

Type / CTDIvol / DLP / Phantom

Chest / 5.55 / 136.04 / B

Chest / 16.46 / 8.23 / B

Chest / 17.39 / 365.11 / B

Total Exam DLP: 509.38

CTDIvol = mGy DLP = mGy-cm

Phantom: B=Body32, H=Head16

QUALITY: Fair, arrhythmia with PVCs

COMPARISONS: CTA 5/126/17, 5/26/16, 4/21/15

FINDINGS:

AORTA: Left arch with normal branching of great vessels. Normal ductus bump.

AORTIC VALVE: 3 cusps without calcification.

Aortic measurements are as follows:

AORTIC ANNULUS: 2.1 x 3.5 cm

AORTIC ROOT: 4.2 cm (average of 3 measurements from convexity to commissure)

SINO-TUBULAR JUNCTION: 3.7 x 3.8 cm

ASCENDING AORTA AT LEVEL OF RIGHT PULMONARY ARTERY: 3.9 x 4.1 cm

AORTIC ARCH: 2.7 x 3.0 cm (proximal to origin of left subclavian artery)

DESCENDING AORTA AT LEVEL OF RIGHT PULMONARY ARTERY: 2.7 x 2.9 cm

ABDOMINAL AORTA AT HIATUS: 2.5 x 2.6 cm

OTHER FINDINGS: Lungs are clear. No acute airspace disease. No

Kaiser Permanente

Page 2

MANUFACTURING - MVZM

Doc ID: 4913728 Revision # 0 D.O.S: 04-03-2019 ...Continued...
 Author: 0000 Location:
 Revised by: White, Ghada S Create Date: 07-29-2019 03:56pm
 Type: Progress Note
 Subject: Cardiology Report

KAISER PERMANENTE

LOS ANGELES MEDICAL
 CNTRL
 4867 W. SUNSET BLVD.
 LOS ANGELES CA 90027-
 5969
 Snookal, Mark J
 MRN: [REDACTED] DOB: [REDACTED], Sex: M
 Visit date: 4/3/2019

effusion or consolidation seen. No mediastinal or hilar lymphadenopathy. Visualized upper abdomen show cholecystectomy.

IMPRESSION:

Aortic root is stable at 4.2 cm. Maximal size of ascending thoracic aorta is 4.1 cm.

Compared to 5/16/17 there has been no significant change.

This report electronically signed by Joe Hsu, MD on 4/10/2019 10:23 A

Display only: Transcription (86769685) on 4/10/2019 10:28 AM by Hsu, Joe Yo (M.D.), M.D.

Order Providers

Authorizing Khan, Shahid Hameed (M.D.)	Encounter Lockerbie, Colin S	Billing SCAL PROVIDER
---	---------------------------------	--------------------------

Order Information

Date 4/9/2019	Department CARDIOLOGY	Released By Lockerbie, Colin S	Authorizing Khan, Shahid Hameed (M.D.), M.D.
------------------	--------------------------	-----------------------------------	--

Original Order

Ordered On 4/9/2019 3:25 PM	Ordered By Lockerbie, Colin S
--------------------------------	----------------------------------

Associated Diagnoses

AORTIC VALVE REGURGITATION

Result Information

Status: Final result (Collected: 4/9/2019 15:32)	Provider Status: Reviewed
---	---------------------------

4/16/2019 2:02 PM - Interface, Scal_Results_A

Component
REPORT

CAI - MVZM
 GUID - [REDACTED]
 US - MVZM
 MANUFACTURING - MVZM

Name: Snookal, Mark Sex: M
 ID # 4507
 DOB: [REDACTED] Age: 47

Doc ID: 4913728 Revision # 0 D.O.S: 04-03-2019 ...Continued...
 Author: 0000 Location:
 Revised by: White, Ghada S Create Date: 07-29-2019 03:56pm
 Type: Progress Note
 Subject: Cardiology Report

KAISER PERMANENTE
 LOS ANGELES MEDICAL
 CNTR L
 4867 W. SUNSET BLVD.
 LOS ANGELES CA 90027-5969
 Snookal, Mark J
 MRN: [REDACTED] DOB: [REDACTED], Sex: M
 Visit date: 4/9/2019

4/16/2019 2:02 PM - Interface, Scal Results A (continued)

Conclusions

Summary

Technically very difficult study.
 NSR with frequent PVCs.

Normal left ventricular wall thickness. Mildly increased left ventricular size and normal systolic function with an estimated ejection fraction of 55-60%. Indeterminate diastolic function.
 Upper normal left atrial size. Mild right atrial enlargement.
 Upper normal right ventricular size and systolic function.

Structurally normal mitral valve without stenosis. Trace mitral regurgitation.
 Structurally normal trileaflet aortic valve. Mild to moderate eccentric aortic regurgitation. No aortic stenosis. Aortic regurgitant pressure half-time is 524 ms.
 Aortic root measures 4.4 cm. Normal aortic arch size.

Findings

Mitral Valve

Structurally normal mitral valve without stenosis. Trace mitral regurgitation.

Aortic Valve

Structurally normal trileaflet aortic valve. Mild to moderate eccentric aortic regurgitation. No aortic stenosis. Aortic regurgitant pressure half-time is 524 ms.

Tricuspid Valve

Cannot reliably estimate right ventricular systolic pressure (RVSP).

Pulmonic Valve

The pulmonic valve leaflets are thin and pliable; valve motion is normal. Mild pulmonic regurgitation is present.

Left Atrium

Upper normal left atrial size.

Left Ventricle

Normal left ventricular wall thickness. Mildly increased left ventricular size and normal systolic function with an estimated ejection fraction of 55-60%. Indeterminate diastolic function.

Right Atrium

Mild right atrial enlargement.

Right Ventricle

Upper normal right ventricular size and systolic function.

Pericardial Effusion

No pericardial effusion.

Aorta

Aortic root measures 4.4 cm. Normal aortic arch size.

Miscellaneous

IVC diameter is = 2.1 cm with a > 50% inspiratory collapse, suggestive of a right atrial pressure of 0-5 mmHg.

Signature

Electronically signed by LEBOWITZ, STEPHEN HOWARD MD (Interpreting physician) on 04/16/2019 02:01 PM

** Note: For images and the full report use the "PACS Images" link below **

CAI - MVZM
GUID - [REDACTED]
US - MVZM
MANUFACTURING - MVZM

Name: Snookal, Mark Sex: M
DOB: [REDACTED] Age: 47

Doc ID: 4913728 Revision # 0 D.O.S: 04-03-2019 ...Continued
Author: 0000 Location:
Revised by: White, Ghada S Create Date: 07-29-2019 03:56pm
Type: Progress Note
Subject: Cardiology Report

KAISER PERMANENTE

LOS ANGELES MEDICAL
CNTR L
4867 W. SUNSET BLVD.
LOS ANGELES CA 90027-
5969

Snookal, Mark J
MRN: [REDACTED] DOB: [REDACTED], Sex: M
Visit date: 4/9/2019

4/16/2019 2:02 PM - Interface, Scal_Results_A (continued)

Linked Documents

View Image

Lab and Collection

TRANSTHORACIC ECHO REAL TIME W 2D IMAGE, SPECTRAL AND COLOR FLOW DOPPLER COMPLETE -
4/9/2019

Result History

TRANSTHORACIC ECHO REAL TIME W 2D IMAGE, SPECTRAL AND COLOR FLOW DOPPLER
COMPLETE on 4/16/2019

END OF REPORT

CAI - MVZM

GUID - [REDACTED]

US - MVZM

MANUFACTURING - MVZM

Name: Shookal, Mark Sex: M

DOB: [REDACTED] Age: 47

Doc ID: 4903073 Revision # 0

Author: Access Medical Group

Revised by: White, Ghada S

Type: GO146MSEA - MSEA History and Physical Exam

D.O.S: 07-19-2019

Location:

Create Date: 07-24-2019 07:58pm

...Continued...

07/24/2019 7:36AM FAX

0010/0024

Examinee Last and First Name Mark Shookal		Examinee CAI MVZM	
11.	Have you ever had any mental health or psychological issues requiring at least a medical prescription? If yes, please describe	<input type="checkbox"/>	<input checked="" type="checkbox"/> I was treated for depression with Effor for a few years from approximately 1994-1996
12.	Have you been in the emergency room and/or hospitalized within the last six months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	Have you undergone any surgical procedure or operations within the last six months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14.	Did you have a physical (periodic, preventive) exam within the past two years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15.	Would you need health/medical resources for any disabling or special condition in the country of assignment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16.	Would you like to schedule a discussion with a Chevron Physician or Regional Medical Manager to discuss further a health condition or learn more about the host country medical resources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17.	Does your new position require you to work or travel Offshore, in Field/Plant or Strictly Office? Please advise if you need additional certifications for your new position (e.g. HUET/BOSIET, Oil and Gas U.K.)	<input type="checkbox"/>	<input type="checkbox"/> My position is strictly office

Part C: Please answer the following questions and check "N" (no) or "Y" (yes) in the column. If "Y" please describe.

Have you had any illness or condition related to the following body parts or systems? (minor conditions do not need to be mentioned)	N	Y	Description
18. Head and Neck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
19. Eyes or Visual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
20. Ear, Nose and Throat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
21. Teeth (a) When was your last exam? (b) Is there any dental work pending? Please describe	<input type="checkbox"/>	<input type="checkbox"/>	11/2017
22. (a) Chest such as shortness of breath, chronic cough. (b) Breasts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
23. Heart such as chest pain, palpitations or irregular beating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I have PVC's which have been evaluated by a cardiologist and do not require any treatment
24. Abdomen such as pain, hernias, abnormal bowel movement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I had my gallbladder removed in 2014
25. Kidney, bladder or genital area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
26. Spine and Musculo-skeletal, movement limitations or pain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
27. Skin changes such as rash, spots, moles or itching	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
28. Epileptic seizures, dizzy spells or migraine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
29. Diabetes or increase in blood sugar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
30. Anemia or other blood conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
31. Tuberculosis (TB) or positive TB test, skin or blood (e.g. TB spot, IGRA/Quantiferon)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
32. Any other health problems (Please use space below. If need, use back page)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

CAI - MVZM

GUID - [REDACTED]

US - MVZM

MANUFACTURING - MVZM

Name: Snookal, Mark Sex: M

DOB: [REDACTED] Age: 47

Doc ID: 4903073 Revision # 0

Author: Access Medical Group

Revised by: White, Ghada S

Type: GO146MSEA - MSEA History and Physical Exam

D.O.S: 07-19-2019

Location:

Create Date: 07-24-2019 07:58pm

...Continued...

07/24/2019 7:38AM FAX

0011/0024

Examinee Last and First Name Mark Snookal	Examinee CAI MVZM
--	----------------------

Part D: Exposure History (Employee Only)

Have you ever been exposed at work to dusts, solvents, other chemicals or any other known workplace hazards, e.g. biological agents?

☒ Yes ☐ No

If YES, please list agents with dates and for how long:

I have worked in industrial and petrochemical locations from 1980 - present

Have you ever been exposed in the workplace to:

☒ Noise ☐ Radiation/X-ray Equipment ☐ Vibrating Hand Tools ☐ Repetitive Movement ☐ Weight Lifting ☐ Other

If you checked one of the boxes above, please specify for how long, and whether Personal Protective Equipment (PPE) was used:

In my work in industrial and petrochemical locations from 1990 - present I have been exposed to noise but have always used PPE

Part E: Occupational History (Employee Only)

Have you ever been part of a medical (health) surveillance program through your work due to exposure to workplace hazards? e.g. Part of a hearing conservation program due to exposure to workplace noise.

☒ Yes ☐ No

If YES, please list with dates:

I am currently in a hearing conservation program in my employment with Chevron El Segundo

Part F: Family History

To comply with the US Genetic Information Non-discrimination Act of 2008, this part should NOT be completed for any US-based employees (whether in the U.S. or outside the U.S. on assignment). Any information inadvertently provided for a US employee in this section should be redacted if the form is to be sent to the US for filing in the employee's medical record. Local related legislation may be also applicable.

Are there any medical conditions within your family relevant to be mentioned?

Physician Comments:

Have you ever been employed with Chevron or examined for employment by Chevron?

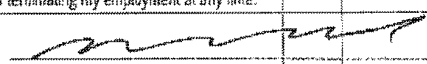
☐ No ☒ Yes If yes, when At hiring at Chevron El Segundo in 2009

EXAMINEE:

I certify that the information given by me is true and I authorize the examiner to furnish the results of this examination and other related medical investigation results to either the Chevron Regional Medical Managers or the Chevron Global Health and Medical facility. I acknowledge and agree that the results of this medical evaluation are managed by Chevron in a secure and confidential data system that will store and may transmit information to countries other than where the medical examination takes place, including but not limited to the U.S.

FOR APPLICANT ONLY: I understand that any misrepresentation, false statement or omission herein may result in the company rejecting my application, withdrawing any offer of employment, or terminating my employment at any time.

Examinee Signature



Date (mm/dd/yyyy)

7/18/2019

CAI - MVZM

GUID - [REDACTED]

US - MVZM

MANUFACTURING - MVZM

Name: Snookal, Mark Sex: M

DOB: [REDACTED] Age: 47

Doc ID: 4903073 Revision # 0

Author: Access Medical Group

Revised by: White, Ghada S

Type: GO146MSEA - MSEA History and Physical Exam

D.O.S: 07-19-2019

Location:

Create Date: 07-24-2019 07:58pm

...Continued...

07/24/2019 7:37AM FAX

0012/0024

Examinee Last and First Name Mark Snookal	Examinee CAI MVZM
--	----------------------

Part I: PHYSICAL EXAMINATION. To be completed by Health Care Provider.

Vital Signs

HEIGHT ft/cm	WEIGHT lb/kg	BMI	Abdominal Circumference in/cm	B.P. (mmHg)	PULSE	Temperature ("C/F)
72"	256 lb	34.7		135/78	53	97.5

Vision

	Uncorrected			Corrected			Depth	Tonometry	Color Vision	Visual Fields
	Both	Right	Left	Both	Right	Left				
Far	20/	20/	20/	20/ 16	20/ 16	20/ 16			Normal	
Near	J#	J#	J#	J# 16	J# 16	J# 16				

N	A	N = Normal. A = Abnormal, please describe		DESCRIPTION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.	General Appearance	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2.	Head	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3.	Ear, Nose Mouth and Throat	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4.	Neck	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5.	Eyes	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6.	Chest	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7.	Breasts	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8.	Respiratory System	
<input type="checkbox"/>	<input type="checkbox"/>	9.	Cardiovascular System	occasional ectopics (PVC's)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10.	Abdomen, Viscera/Hernias	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.	Genito-urinary	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12.	Lower GI Tract	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	13.	Extremities	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	14.	Spine and Musculo-skeletal, Range of Motion.	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	15.	Skin and Lymphatic System	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16.	Central Nervous System	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	17.	Peripheral Nervous System Reflexes	
<input type="checkbox"/>	<input type="checkbox"/>	18.	Others, please specify	

CAI - MVZM

GUID - [REDACTED]

US - MVZM

MANUFACTURING - MVZM

Name: Shookal, Mark Sex: M

DOB: [REDACTED] Age: 47

Doc ID: 4903073 Revision # 0

Author: Access Medical Group

Revised by: White, Ghada S

Type: GO146MSEA - MSEA History and Physical Exam

D.O.S: 07-19-2019

Location:

Create Date: 07-24-2019 07:58pm

...Continued...

07/24/2019 7:37AM FAX

0018/0024

Examinee Last and First Name	Examinee CAI
Mark Shookal	MVZM

LABORATORY AND SPECIAL TESTS				RESULTS. N = Normal. A = Abnormal, please describe
N	A	Not Done	AS INDICATED	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Audiogram	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chest X Ray	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete Blood Count	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Drug Screening	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ECG	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pulmonary Function	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serum Profile/Chemistries	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stress Test	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Urinalysis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Others, please specify	

REMARKS: Describe significant / abnormal findings/limitations noted above (if need, please use back page)

① PVCs - frequent asymptomatic followed by cardiology
 ② Dilated aortic root followed by cardiology
 ongoing studies yearly Echo vs CT chest
 stable on meds

If any abnormalities were found during the examination, was examinee informed? ☒ Yes ☐ No

Part H: MEDICAL RECOMMENDATION

H.1. Fitness for Duty Classification, ONLY FOR INTERNAL CHEVRON USE	H.2. Restrictions pertinent to Job Requirements (refer to GO-308)
<input type="checkbox"/> A. Fit for Duty	NO heavy lifting > 50 lbs
<input checked="" type="checkbox"/> B. Fit for Duty with Restrictions	needs review of
<input type="checkbox"/> C. Not Fit for Duty	Recommend letter from
<input type="checkbox"/> D. Failed to comply with requested evaluations, due to:	cardiologist to clear him

Examiner's Name (please print)	Signature	Date (mm/dd/yyyy)
IRVING SOBEL MD	[Signature]	07/24/2019
Address	City	State / Province
4076 ADMIRALTY WAY	MDR CA	111408
Street	City	State / Province
		Postal / Zip Code
		County
Chevron Global Health & Medical Approval (please print name)	Signature	Date (mm/dd/yyyy)

CAI - MVZM

Name: Snookal, Mark Sex: M

GUID - [REDACTED]

DOB: [REDACTED] Age: 47

US - MVZM

MANUFACTURING - MVZM

Doc ID: 4903073 Revision # 0

D.O.S: 07-19-2019

...Continued

Author: Access Medical Group

Location:

Revised by: White, Ghada S

Create Date: 07-24-2019 07:58pm

Type: GO146MSEA - MSEA History and Physical Exam

07/24/2019 7:37AM FAX

0014/0024

Examinee Last and First Name	Examinee CAI
Mark Snookal	MVZM

PLEASE ATTACH COPIES OF IMPORTANT REPORTS OF CURRENT INTEREST.
If available, Form GO-308 (Physical Requirements and Working Conditions) must be included.

[Empty box for attachments]

CAI - MVZM

GUID - [REDACTED]

US - MVZM

MANUFACTURING - MVZM

Name: Shookai, Mark Sex: M

DOB: [REDACTED] Age: 47

Doc ID: 4903074 Revision # 0

Author: Access Medical Group

Revised by: White, Ghada S

Type: ECG Resting

D.O.S: 07-19-2019

Location:

Create Date: 07-24-2019 07:58pm

07/24/2019 7:39AM FAX

0020/0024

sinus rhythm (slow)
premature ventricular complexes
left axis deviation
slight intraventricular conduction delay
Borderline ECG
Unconfirmed Report

07/19/2019 09:30:11AM
P/PR: 112/136 ms
QRS: 116 ms
QT/QTc: 460/415 ms
P/QRS/T axis: 14/-36/7 deg
Heart rate: 49 bpm

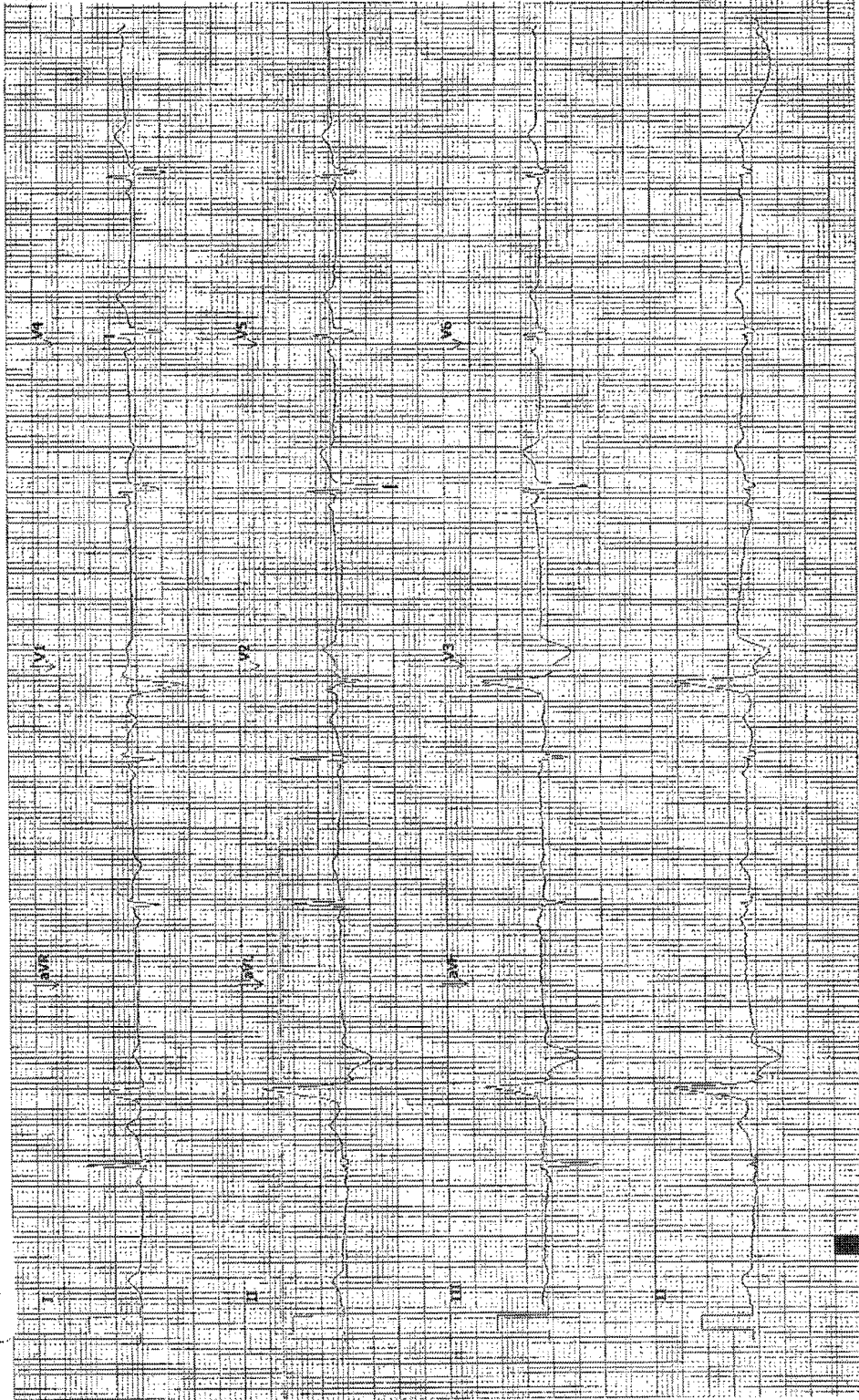
Male
Caucasian
IRVING SOBEL MD

Gender:
Race:
Physician:

SHOOKAI, MARK
(47 yr)

ID:
Name:
DOB:

MRN: 218-458-1841
DOB: 7/19/2019 9:20 AM
Specialty: 47 year old
IRVING SOBEL MD
Sobel, Irving, MD



10 mm/mV Frequency Response [0.5-35] Hz 60Hz Version 2.10.07
25 mm/s

CUSA0001503

CAI - MVZM
 GUID - XXXXXXXXXX
 US - MVZM
 MANUFACTURING - MVZM

Name: SNOOKAL, MARK Sex: M
 DOB: XXXXXXXXXX Age: 47

Doc ID: 4903075 Revision # 0 D.O.S: 07-19-2019 Continued...
 Author: Access Medical Group Location:
 Revised by: White, Ghada S Create Date: 07-24-2019 07:58pm
 Type: Lab Results

07/24/2019 7:40AM FAX

0021/0024



Report Status: Partial - Courtesy Copy
 SNOOKAL, MARK

Patient Information	Specimen Information	Client Information
SNOOKAL, MARK	Specimen: EN632678W	Client #: 97510739 MAIL992
DOB: XXXXXXXXXX AGE: 47	Requisition: 8101141	CHEVRON-ACCESS MEDICAL
Gender: M	Lab Ref #: 337306788	Attn: SYLVIA
Phone: 213.458.1341	Collected: 07/19/2019 / 10:39 PDT	4644 LINCOLN BLVD STE 114
Patient ID: XXXXXXXXXX	Received: 07/20/2019 / 00:52 PDT	MARINA DEL REY, CA 90292-6374
	Facsim: 07/23/2019 / 09:39 PDT	
	(* A Copy From)	

Test Name	In Range	Out Of Range	Reference Range	Lab
LIPID PANEL, STANDARD				
CHOLESTEROL, TOTAL	181		<200 mg/dL	EN
HDL CHOLESTEROL		32 L	>40 mg/dL	EN
TRIGLYCERIDES		152 H	<150 mg/dL	EN
LDL-CHOLESTEROL		122 H	mg/dL (calc)	EN
Reference range: <100				
Desirable range <100 mg/dL for primary prevention; <70 mg/dL for patients with CHD or diabetic patients with > or = 2 CHD risk factors.				
LDL-C is now calculated using the Martin-Hopkins calculation, which is a validated novel method providing better accuracy than the Friedewald equation in the estimation of LDL-C. Martin SS et al. JAMA. 2013;310(19): 2061-2068 (http://education.questdiagnostics.com/faq/FAQ164)				
CHOL/HDL-C RATIO		5.7 H	<5.0 (calc)	EN
NON HDL CHOLESTEROL		149 H	<130 mg/dL (calc)	EN
For patients with diabetes plus 1 major ASCVD risk factor, treating to a non-HDL-C goal of <100 mg/dL (LDL-C of <70 mg/dL) is considered a therapeutic option.				
COMPREHENSIVE METABOLIC PANEL				EN
GLUCOSE	91		65-99 mg/dL	
Fasting reference interval				
UREA NITROGEN (BUN)	17		7-25 mg/dL	
CREATININE	1.20		0.60-1.35 mg/dL	
eGFR NON-APR. AMERICAN	72		> OR = 60 mL/min/1.73m2	
eGFR AFRICAN AMERICAN	83		> OR = 60 mL/min/1.73m2	
BUN/CREATININE RATIO	NOT APPLICABLE		6-22 (calc)	
SODIUM	141		135-146 mmol/L	
POTASSIUM	5.1		3.5-5.3 mmol/L	
CHLORIDE	108		98-110 mmol/L	
CARBON DIOXIDE	22		20-32 mmol/L	
CALCIUM	10.1		8.6-10.3 mg/dL	
PROTEIN, TOTAL	6.8		6.1-8.1 g/dL	
ALBUMIN	4.4		3.6-5.1 g/dL	
GLOBULIN	2.4		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.8		1.0-2.5 (calc)	
BILIRUBIN, TOTAL	0.7		0.3-1.2 mg/dL	
ALKALINE PHOSPHATASE		152 H	40-115 U/L	
AST	23		10-40 U/L	
ALT	33		9-46 U/L	
HEMOGLOBIN A1c	5.2		<5.7 % of total Hgb	EN
For the purpose of screening for the presence of diabetes:				
<5.7% Consistent with the absence of diabetes				
5.7-6.4% Consistent with increased risk for diabetes				

CLIENT SERVICES: 866.697.8378

SPECIMEN: EN632678W

PAGE 1 OF 2

Quest, Quest Diagnostics, the associated logo and all associated Quest Diagnostics marks are the trademarks of Quest Diagnostics.

CUSA0001504

Trial Exhibit 39
 p. 202

EX 39-023

CAI - MVZM
 GUID - [REDACTED]
 US - MVZM
 MANUFACTURING - MVZM

Name: Snookal, Mark Sex: M
 DOB: [REDACTED] Age: 47

Doc ID: 4903075 Revision # 0 D.O.S: 07-19-2019 ...Continued...
 Author: Access Medical Group Location:
 Revised by: White, Ghada S Create Date: 07-24-2019 07:58pm
 Type: Lab Results

07/24/2019 7:40AM FAX

0022/0024



Report Status: Partial - Courtesy Copy
 SNOOKAL, MARK

Patient Information	Specimen Information	Client Information
SNOOKAL, MARK	Specimen: EN632678W	Client #: 97510739
DOB: [REDACTED] AGE: 47	Collected: 07/19/2019 / 10:39 PDT	
Gender: M	Received: 07/20/2019 / 00:32 PDT	
Patient ID: [REDACTED]	Filed: 07/23/2019 / 09:39 PDT	
	(* A Copy From)	

Test Name	In Range	Out Of Range	Reference Range	Lab
(prediabetes)				
> or =6.5% Consistent with diabetes				
This assay result is consistent with a decreased risk of diabetes.				
Currently, no consensus exists regarding use of hemoglobin A1c for diagnosis of diabetes in children.				
According to American Diabetes Association (ADA) guidelines, hemoglobin A1c <7.0% represents optimal control in non pregnant diabetic patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Diabetes(ADA).				
URIC ACID	7.7		4.0-8.0 mg/dL	EN
Therapeutic target for gout patients: <6.0 mg/dL				
LD	168		100-220 U/L	EN
GGT	29		3-95 U/L	EN
TSH	1.36		0.40-4.50 mIU/L	EN
CBC (INCLUDES DIFF/PLT)				EN
WHITE BLOOD CELL COUNT	6.1		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	4.77		4.20-5.80 Million/uL	
HEMOGLOBIN	14.7		13.2-17.1 g/dL	
HEMATOCRIT	43.2		38.5-50.0 %	
MCV	90.6		80.0-100.0 fL	
MCH	30.8		27.0-33.0 pg	
MCHC	34.0		32.0-36.0 g/dL	
RDW	12.8		11.0-15.0 %	
PLATELET COUNT	262		140-400 Thousand/uL	
MPV	9.6		7.5-12.5 fL	
ABSOLUTE NEUTROPHILS	3166		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	2105		850-3900 cells/uL	
ABSOLUTE MONOCYTES	531		200-950 cells/uL	
ABSOLUTE EOSINOPHILS	220		15-500 cells/uL	
ABSOLUTE BASOPHILS	79		0-200 cells/uL	
ABSOLUTE NUCLEATED RBC	0		0 cells/uL	
NEUTROPHILS	51.9		%	
LYMPHOCYTES	34.5		%	
MONOCYTES	8.7		%	
EOSINOPHILS	3.6		%	
BASOPHILS	1.3		%	
RPR (DX) W/REFL TITER AND CONFIRMATORY TESTING	NON-REACTIVE		NON-REACTIVE	EN

PENDING TESTS:

VDRL, SERUM

PERFORMING SITE:

EN QUEST DIAGNOSTICS WEST HILLS, 8401 FALLBROOK AVENUE, WEST HILLS, TX 78063-4226 Laboratory Director: JAS TIGARINDA MD, CLIA: 6200642827

* ACCESS MEDICAL GROUP has requested a copy of this report be sent to you. Ordering Physician: SOBEL, IRVING

CLIENT SERVICES: 866.697.8378

SPECIMEN: EN632678W

PAGE 2 OF 2

Quest, Quest Diagnostics, the associated logo and all associated Quest Diagnostics marks are the trademarks of Quest Diagnostics.

CUSA0001505

CAI - MVZM
 GUID - XXXXXXXXXX
 US - MVZM
 MANUFACTURING - MVZM

Name: Snookal, Mark Sex: M
 ID #: 114518
 DOB: XXXXXXXXXX Age: 47

Doc ID: 4903075 Revision # 0 D.O.S: 07-19-2019 ...Continued
 Author: Access Medical Group Location:
 Revised by: White, Ghada S Create Date: 07-24-2019 07:58pm
 Type: Lab Results

07/24/2019 7:40AM FAX

0023/0024



Report Status: Final - Courtesy Copy
 SNOOKAL, MARK

Patient Information	Specimen Information	Client Information
SNOOKAL, MARK DOB: XXXXXXXXXX AGE: 47 Gender: M Phone: 213.458.1341 Patient ID: XXXXXXXXXX	Specimen: EN632679W Requisition: 8101274 Lab Ref #: 337306796 Collected: 07/19/2019 / 10:39 PDT Received: 07/20/2019 / 00:54 PDT Faxed: 07/23/2019 / 09:39 PDT (* A Copy From)	Client #: 97510739 MAIL: 992 CLIEVRON-ACCESS MEDICAL Attn: SYLVIA 4644 LINCOLN BLVD STE 114 MARINA DEL REY, CA 90292-6374

Test Name	In Range	Out Of Range	Reference Range	Lab
URINALYSIS, COMPLETE				EN
COLOR	YELLOW		YELLOW	
APPEARANCE	CLEAR		CLEAR	
SPECIFIC GRAVITY	1.010		1.001-1.035	
PH	5.5		5.0-8.0	
GLUCOSE	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
KETONES	NEGATIVE		NEGATIVE	
OCCULT BLOOD	NEGATIVE		NEGATIVE	
PROTEIN	NEGATIVE		NEGATIVE	
NITRITE	NEGATIVE		NEGATIVE	
LEUKOCYTE ESTERASE	NEGATIVE		NEGATIVE	
WBC	NONE SEEN		< OR = 5 /HPF	
RBC	NONE SEEN		< OR = 2 /HPF	
SQUAMOUS EPITHELIAL CELLS	NONE SEEN		< OR = 5 /HPF	
BACTERIA	NONE SEEN		NONE SEEN /HPF	
HYALINE CAST	NONE SEEN		NONE SEEN /LPF	

PERFORMING SITE:

QUEST DIAGNOSTICS-WEST HILLS, 8401 FALLBROOK AVENUE, WEST HILLS, CA 91304-2226 Laboratory Director: TAB DOCHINDA, MD, CLIA #0500642021

* ACCESS MEDICAL GROUP has requested a copy of this report be sent to you. Ordering Physician: SOBEL, IRVING

CLIENT SERVICES: 866.697.8378

SPECIMEN: EN632679W

PAGE 1 OF 1

Quest, Quest Diagnostics, the associated logo and all associated Quest Diagnostics marks are the trademarks of Quest Diagnostics.

CUSA0001506

CAI - MVZM
 GUID - XXXXXXXXXX
 US - MVZM
 MANUFACTURING - MVZM

Name: Snookal, Mark Sex: M
 DOB: XXXXXXXXXX Age: 47

Doc ID: 4903076 Revision # 0
 Author: Access Medical Group
 Revised by: White, Ghada S
 Type: Quantiferon - TB

D.O.S: 07-19-2019
 Location:
 Create Date: 07-24-2019 07:58pm

07/24/2019 7:41AM FAX

0024/0024



Report Status: Final - Courtesy Copy
 SNOOKAL, MARK

Patient Information	Specimen Information	Client Information
SNOOKAL, MARK DOB: XXXXXXXXXX AGE: 47 Gender: M Phone: 213.458.1341 Patient ID: XXXXXXXXXX	Specimen: EN635672W Requisition: 8104560 Lab Ref #: 337306849 Collected: 07/19/2019 / 10:39 PDT Received: 07/20/2019 / 01:49 PDT Faxed: 07/23/2019 / 09:39 PDT (* A Copy From)	Client #: 97510739 MAIL: 992 CITEVRON-ACCESS MEDICAL Attn: SYLVIA 4644 LINCOLN BLVD STE 114 MARINA DEL REY, CA 90292-6374

Test Name	In Range	Out Of Range	Reference Range	Lab
QUANTIFERON(R)-TB GOLD PLUS, 1 TUBE	NEGATIVE		NEGATIVE	EN
	Negative test result. M. tuberculosis complex infection unlikely.			
NIL	0.01		IU/mL	
MITOGEN-NIL	8.65		IU/mL	
TB1-NIL	0.00		IU/mL	
TB2-NIL	0.00		IU/mL	

The Nil tube value reflects the background interferon gamma immune response of the patient's blood sample. This value has been subtracted from the patient's displayed TB and Mitogen results.

Lower than expected results with the Mitogen tube prevent false-negative Quantiferon readings by detecting a patient with a potential immune suppressive condition and/or suboptimal pre-analytical specimen handling.

The TB1 Antigen tube is coated with the M. tuberculosis-specific antigens designed to elicit responses from TB antigen primed CD4+ helper T-lymphocytes.

The TB2 Antigen tube is coated with the M. tuberculosis-specific antigens designed to elicit responses from TB antigen primed CD4+ helper and CD8+ cytotoxic T-lymphocytes.

For additional information, please refer to <https://education.questdiagnostics.com/fac/FAQ204> (This link is being provided for informational/educational purposes only.)

PERFORMING SITE:

EN QUEST DIAGNOSTICS-WEST HILLS, 9091 FALLBROOK AVENUE, WEST HILLS, CA 91361-3226 Laboratory Director: TAB TOCHINDA, MD, CMA 0570642827

* UNASSIGNED ACCOUNTS has requested a copy of this report be sent to you. Ordering Physician: SOBEL, IRVING

CLIENT SERVICES: 866.697.8378

SPECIMEN: EN635672W

PAGE 1 OF 1

Quest, Quest Diagnostics, the associated logo and all associated Quest Diagnostics marks are the trademarks of Quest Diagnostics.

CUSA0001507

Trial Exhibit 39
p. 205

EX 39-026

From: Pitan, Olorunfemi (femi.pitan)[femi.pitan@chevron.com]
Sent: Thur 8/15/2019 8:15:07 AM (UTC)
To: ADEYEYE, VICTOR [DELOG MEDICAL SERVICES][DNOY@chevron.com]; Aiwuyo, Henry [SERVITICO][henryaiwuyo@chevron.com]; Asekomeh, Eshiofe [DELOG][EAEV@chevron.com]
Cc: NIGEC Staff Physicians (I9esc300)[L9ESC300@chevron.com]
Subject: RE: Snookal, Mark- Medical report

Good day sirs,

Thanks for your very valuable and comprehensive input into this case. Your opinions were communicated to the Physicians in the U.S.
It has been decided that Mark Snookal is not a suitable candidate to work in Escravos. He will be considered for an assignment in Lagos.

Kind regards,
Femi Pitan

Dr O.C. Pitan
OH Physician/ Head, Occupational Health
Nigeria Mid Africa Strategic Business Unit
✉ femi.pitan@Chevron.com
☎ CTN 2772222 ext 61807
☎ International [REDACTED]

NMA HR: Focus, Process Excellence, Expertise

This message may contain confidential information and is intended only for the use of the parties to whom it is addressed. If you are not an intended recipient, you are hereby notified that any disclosure, copying, distribution or use of any information in this message is strictly prohibited. If you have received this message in error, please notify me immediately at the telephone number indicated above

From: ADEYEYE, VICTOR [DELOG MEDICAL SERVICES] <DNOY@chevron.com>
Sent: Monday, August 5, 2019 5:55 PM
To: Aiwuyo, Henry [SERVITICO] <henryaiwuyo@chevron.com>; Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>
Cc: Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>
Subject: RE: Snookal, Mark- Medical report

Sir/Ma,

I agree with Dr Aiwuyo submissions on above employee, especially the precautionary measures highlighted which we need to further reiterate to our client.

I have a little concern about his choice of anti-hypertensives (Losartan and Amlodipine). Guideline-directed management recommends Beta-blockers like Carvedilol, Bisoprolol as part of his blood pressure control meds with a systolic BP target of less than 120mmHg (Thoracic aortic aneurysm and documented runs of premature ventricular complexes).

It will be nice if this is brought to the attention of his physician.

Kind regards,

Victor.

From: Aiwuyo, Henry [SERVITICO] <henryaiwuyo@chevron.com>

Sent: Monday, August 5, 2019 2:26 PM

To: Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>; ADEYEYE, VICTOR [DELOG MEDICAL SERVICES] <DNOY@chevron.com>

Cc: Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>

Subject: RE: Snookal, Mark- Medical report

Good day,

With regards to this expert, 47years old employee with CT and ultrasound evidence of Thoracic aortic aneurysm,

It was documented in the report that he has aortic dilatation of 4.4cm on ECHCARDIOGRAPHY,

however CT aortography which is a more accurate imaging modality revealed a maximum value of 4.2cm max at the aortic root and 4.1cm max at the descending thoracic aorta.

From the Canadian guidelines these values appear low risk for a major adverse CV event. Some have used values of <4.5cm as partition value for low risk situations., link below refers.

<https://www.ucalgary.ca/FTWguidelines/content/aortic-aneurysm>

it is expected that every aneurysm must be subjected to 6months- 1year assessment to ascertain the rate of progression (>1cm is an indication for repair). I feel there should be a concrete plan by his home cardiologist for this

evaluation.

Below are my response to the questions put forward:

1. Complications associated with aneurysms include

- a. Rupture/dissection (sudden and catastrophic) and its attendant sequela
- b. Thromboembolic phenomenon
- c. Pressure symptoms on other vital organs
- d. Sudden death

2. In Escravos unfortunately we are only limited to initial stabilization and transfer of such high risk CV complications if any occurs. In the unlikely event of any of the aforementioned complications, we may not be able to support

such an individual due to our peculiarities.

3. Instructions for the patient

- avoid lifting heavy objects
- quit smoking (if he is a smoker)
- manage hypertension strictly, there is need to aim for lower targets <120mmhg systolic (DOC beta blockers)

-watch out for alarm symptoms like pain in the chest (throbbing, tearing, aching or sharp pain, often sudden), pain in the back, nausea, vomiting, fainting, and systemic shock
-avoid moderate to high intensity exercises as much as possible

I made effort to search the MEP if there are clear cut field guidelines for patient with aortic aneurysm, unfortunately I found none. What is established is that a patient with symptomatic aneurysm should not be allowed to work in an offshore location.

I am still open to further discussions on this sir.

Warm regards.

DR. AIWUYO, HENRY

OH Physician/Cardiologist

EGTL clinic

EXT-77943

B2B dr oyebowale olaniyi

"as to diseases, make a habit of two things- to help, or at least, to do no harm"

hippocrates

From: Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>
Sent: Monday, August 5, 2019 11:43 AM
To: ADEYEYE, VICTOR [DELOG MEDICAL SERVICES] <DNOY@chevron.com>
Cc: Aiwuyo, Henry [SERVITICO] <henryaiwuyo@chevron.com>; Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>
Subject: FW: Snookal, Mark- Medical report

Good day,

Below mail trail refers. Kindly help evaluated medical documents and attached Cardiologist report for above named EE who is coming to Escravos from the USA. His job description is- Reliability Engineering Manager.
Kindly review around the following key points:

1. Potential complications and the likelihood of progression
2. Management of these complications even if only initial intervention vis-à-vis available care level in Escravos
3. Possible instructions to communicate to employee as per preventing complications.

Thanks for your usual help.

Warm regards,

Eshiofe Asekomeh

From: Asekomeh, Eshiofe [DELOG]
Sent: Tuesday, July 30, 2019 7:44 PM
To: Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>
Cc: NIGEC Staff Physicians (I9esc300) <L9ESC300@chevron.com>
Subject: Snookal, Mark- Medical report

Good day Ma,

I will like to discuss Mark Snookal (Manager, Reliability Engineering) with you tomorrow. He is on transfer from El Segundo, USA to Escravos, Nigeria on international assignment. He has aortic root dilatation and was reviewed by a Cardiologist April this year. The examining Physician in the US had declared him fit with limitation (not to lift weight above 50 pounds) Attached are the medical reports and the Cardiologist report from April, 2019.

Warm regards,

Eshiofe Asekomeh

Dr. Asekomeh E.G
Chevron Hospital
Warri, Nigeria

From: Pitán, Olorunfemi (femi.pitan)[femi.pitan@chevron.com]
Sent: Thur 8/15/2019 8:18:18 AM (UTC)
To: Akintunde, Ujomoti[UJOM@chevron.com]
Cc: Asekomeh, Eshiofe [DELOG][EAEV@chevron.com]
Subject: RE: Snookal, Mark- Medical report

Dear Dr Akintunde,

Thanks for your very valuable input into this case. The opinion of NMA Cardiologists were communicated to the Physicians in the U.S.

It has been decided that Mark Snookal is not a suitable candidate to work in Escravos. He will be considered for an assignment in Lagos.

Kind regards,
Femi Pitán

Dr O.C. Pitán
OH Physician/ Head, Occupational Health
Nigeria Mid Africa Strategic Business Unit
✉ femi.pitan@Chevron.com
☎ CTN 2772222 ext 61807
☎ International [REDACTED]

NMA HR: Focus, Process Excellence, Expertise

This message may contain confidential information and is intended only for the use of the parties to whom it is addressed. If you are not an intended recipient, you are hereby notified that any disclosure, copying, distribution or use of any information in this message is strictly prohibited. If you have received this message in error, please notify me immediately at the telephone number indicated above

From: Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>
Sent: Wednesday, August 7, 2019 5:25 PM
To: Pitán, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>
Subject: FW: Snookal, Mark- Medical report

Ma,

Below is response from Dr. Akintunde. I have given her update on the Cardiologist report. I also engaged her on the pulse rate and we agreed on the fact that this could signify either the employee is already on a beta blocker and did not mention it on his form GO-146 or this is the reason why he is not on the beta blocker.

Warm regards,

Eshiofe Asekomeh

From: Akintunde, Ujomoti <UJOM@chevron.com>
Sent: Wednesday, August 07, 2019 5:08 PM
To: Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>
Subject: RE: Snookal, Mark- Medical report

Dear Dr Asekomeh,

I concur with my colleagues. With an aortic root of 4.2cm, he is 'low risk' but not 'no risk'. I would however be more comfortable if he were on a beta-blocker as one of his meds or in addition to current meds. The fact that he does not smoke cigarettes is beneficial. There could be a reason his cardiologist did not put him on a beta-blocker. Could he have a contraindication such as asthma, COPD or allergy? Is there a medical report from his cardiologist? I only see imaging reports.

Kind regards,
Ujomoti Akintunde

From: Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>
Sent: Tuesday, August 6, 2019 12:35 PM
To: Akintunde, Ujomoti <UJOM@chevron.com>
Subject: FW: Snookal, Mark- Medical report

Good day,

Please see mail trail below.

Warm regards,

Eshiofe Asekomeh

From: ADEYEYE, VICTOR [DELOG MEDICAL SERVICES] <DNOY@chevron.com>
Sent: Monday, August 5, 2019 5:55 PM
To: Aiwuyo, Henry [SERVITICO] <henryaiwuyo@chevron.com>; Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>
Cc: Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>
Subject: RE: Snookal, Mark- Medical report

Sir/Ma,

I agree with Dr Aiwuyo submissions on above employee, especially the precautionary measures highlighted which we need to further reiterate to our client.

I have a little concern about his choice of anti-hypertensives (Losartan and Amlodipine). Guideline-directed management recommends Beta-blockers like Carvedilol, Bisoprolol as part of his blood pressure control meds with a systolic BP target of less than 120mmHg (Thoracic aortic aneurysm and documented runs of premature ventricular complexes).

It will be nice if this is brought to the attention of his physician.

Kind regards,

Victor.

From: Aiwuyo, Henry [SERVITICO] <henryaiwuyo@chevron.com>
Sent: Monday, August 5, 2019 2:26 PM

To: Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>; ADEYEYE, VICTOR [DELOG MEDICAL SERVICES]
<DNOY@chevron.com>

Cc: Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>

Subject: RE: Snookal, Mark- Medical report

Good day,

With regards to this expert, 47years old employee with CT and ultrasound evidence of Thoracic aortic aneurysm,

It was documented in the report that he has aortic dilatation of 4.4cm on ECHCARDIOGRAPHY,

however CT aortography which is a more accurate imaging modality revealed a maximum value of 4.2cm max at the aortic root and 4.1cm max at the descending thoracic aorta.

From the Canadian guidelines these values appear low risk for a major adverse CV event. Some have used values of <4.5cm as partition value for low risk situations., link below refers.

<https://www.ucalgary.ca/FTWguidelines/content/aortic-aneurysm>

it is expected that every aneurysm must be subjected to 6months- 1year assessment to ascertain the rate of progression (>1cm is an indication for repair). I feel there should be a concrete plan by his home cardiologist for this

evaluation.

Below are my response to the questions put forward:

1. Complications associated with aneurysms include

- a. Rupture/dissection (sudden and catastrophic) and its attendant sequela
- b. Thromboembolic phenomenon
- c. Pressure symptoms on other vital organs
- d. Sudden death

2. In Escravos unfortunately we are only limited to initial stabilization and transfer of such high risk CV complications if any occurs. In the unlikely event of any of the aforementioned complications, we may not be able to support

such an individual due to our peculiarities.

3. Instructions for the patient

- avoid lifting heavy objects
- quit smoking (if he is a smoker)
- manage hypertension strictly, there is need to aim for lower targets <120mmhg systolic (DOC beta blockers)
- watch out for alarm symptoms like pain in the chest (throbbing, tearing, aching or sharp pain, often sudden), pain in the back, nausea, vomiting, fainting, and systemic shock
- avoid moderate to high intensity exercises as much as possible

I made effort to search the MEP if there are clear cut field guidelines for patient with aortic aneurysm, unfortunately I found none. What is established is that a patient with symptomatic aneurysm should not be allowed to work in an offshore location.

I am still open to further discussions on this sir.

Warm regards.

DR. AIWUYO, HENRY

OH Physician/Cardiologist

EGTL clinic

EXT-77943

B2B dr oyebowale olaniyi

"as to diseases, make a habit of two things- to help, or at least, to do no harm"

hippocrates

From: Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>
Sent: Monday, August 5, 2019 11:43 AM
To: ADEYEYE, VICTOR [DELOG MEDICAL SERVICES] <DNOY@chevron.com>
Cc: Aiwuyo, Henry [SERVITICO] <henryaiwuyo@chevron.com>; Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>
Subject: FW: Snookal, Mark- Medical report

Good day,

Below mail trail refers. Kindly help evaluated medical documents and attached Cardiologist report for above named EE who is coming to Escravos from the USA. His job description is- Reliability Engineering Manager. Kindly review around the following key points:

1. Potential complications and the likelihood of progression
2. Management of these complications even if only initial intervention vis-à-vis available care level in Escravos
3. Possible instructions to communicate to employee as per preventing complications.

Thanks for your usual help.

Warm regards,

Eshiofe Asekomeh

From: Asekomeh, Eshiofe [DELOG]

Sent: Tuesday, July 30, 2019 7:44 PM

To: Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>

Cc: NIGEC Staff Physicians (l9esc300) <L9ESC300@chevron.com>

Subject: Snookal, Mark- Medical report

Good day Ma,

I will like to discuss Mark Snookal (Manager, Reliability Engineering) with you tomorrow. He is on transfer from EI Segundo, USA to Escravos, Nigeria on international assignment.

He has aortic root dilatation and was reviewed by a Cardiologist April this year. The examining Physician in the US had declared him fit with limitation (not to lift weight above 50 pounds)

Attached are the medical reports and the Cardiologist report from April, 2019.

Warm regards,

Eshiofe Asekomeh

Dr. Asekomeh E.G
Chevron Hospital
Warri, Nigeria